



Transit-Accessible Locations for
Health and Social Services

Policy Research Executive Summary

Transit-Accessible Locations for Health and Social Services

Policy Research Executive Summary

The purpose of this research effort is to identify existing policies that require, incentivize or otherwise encourage health and social services agencies and organizations to locate service facilities near transit. This document includes a high-level summary of research findings at the federal, state and local levels.

Transit Resource Center and MIG conducted a thorough literature review of existing policy at the federal, state and local levels, focusing at the local level on policies relevant to Alameda and Contra Costa Counties. Research was primarily web-based, and research of local policies focused primarily on current general plans and property acquisition criterion. Web-based research included review of databases at the University of California Transportation and Public Health Libraries.¹

Analysis of location policies is a dynamic effort. Federal policies are being modified as this project is underway, and stakeholder interviews, case studies, and the project regional summit are expected to broaden the understanding of existing policies and practices, as well as provide direction toward recommended ways to improve location decisions.

1. Federal and National Policies

Few existing policies are designed to ensure that health care and social service facilities are located near public transit. Existing policies lack the regulatory authority, or “teeth,” needed to establish transit accessibility as a true priority in locating facilities.

Until very recently, there has been little policy direction at the federal level to improve regional and local transit access to health and social services agencies. A Presidential Executive Order in 2004 directed agencies “to enhance access to transportation to improve mobility, employment opportunities, and access to community services for persons who are transportation-disadvantaged.”² While this order heightened the federal government’s focus on improving coordination and promoting partnerships between human service and transportation agencies, its focus is on improving transportation, not on locating facilities in transit-accessible locations.

¹ The research revealed very few relevant studies or articles on transit-accessible locations for health care or social service facilities. Studies of transportation barriers in health care focus on improving transit or funding for non-emergency medical transportation – not the location of the facilities at transit-accessible locations.

² Executive Order 13330: Human Service Transportation Coordination.

In October 2009, Executive Order 13514, *Federal Leadership in Environmental, Energy, and Economic Performance*, established a requirement that Federal agencies set a 2020 greenhouse gas emissions reduction target within 90 days of the order. This Executive Order also establishes a number of goals to direct agency efforts in improving efficiency in natural resources consumption and supporting the development of sustainable communities.³ Ensuring consideration of access to public transit in planning for new federal facilities or new federal leases is one of the strategies listed to achieve greenhouse gas reductions.

2. State Policies

Policy direction at the state level addresses the importance of transit access to state and local public buildings. However, the State of California has not established clear standards or developed mandates to improve transit access to health and social service facilities specifically.

Beginning in 1978, California passed a series of laws that provided a framework for coordination of public land use and transit planning. Senate Bill 489 in 1979 applied specifically to state and local public buildings. Executive Order D-46-01, issued in October 2001, orders "the Department of General Services, as well as other entities managing state properties in populated areas shall give priority to the needs of public entities and the populations they serve...it is further ordered that sound and smart growth patterns shall receive maximum support consistent with the foregoing state priorities, including...(d) proximity to public transit and other needed infrastructure." Further research will be required to determine if the legislation and executive orders have affected agency locational decision-making.

Both the federal and state governments are developing policies to deal with reduction of greenhouse gases. Senate Bill 375, approved by Governor Schwarzenegger in September 2008, requires California's regional land use and transportation authorities to work with local agencies to achieve more compact growth patterns, thereby reducing the quantity of greenhouse gases emitted by passenger vehicles. Anticipated state guidance for implementation of efforts to meet the requirements of S.B. 375 will focus on facility location as one approach to reducing vehicular travel. It is not clear how these policies will specifically affect location decisions for health care and social service facilities.

³ Executive Order 13514. Section 2(f)(iii). October 5, 2009.

3. Local Policies

Given the land use authority of local jurisdictions, local-level policy does address this issue more specifically than do state and federal policies. There is evidence that some local agencies do consider transit access when granting funding for social services, selecting sites for health and social service facilities, or reviewing proposed development projects. However, further research in the form of personal interviews is needed to determine the extent to which the standard operating procedures of different communities prioritize transit access to health and social services.

A review of local general plans has revealed few policies that provide direction with the specific goal of improving transit access to health and social services facilities. However, research does indicate that there is a spectrum of policies related to this goal. Relevant policies fall under six broad categories:

- A. **Policies that address the need to improve mobility and transit access for specific populations and/or services.** However, few policies specifically linking transit access improvements to particular health and social services facilities have been identified. In other words, many plans address the need for transit and services for special populations but do so separately.⁴ One exception to this is the City of Concord's Housing Element, which specifies that homeless shelter facility siting and permit processing must take into consideration access to transportation and services.⁵
- B. **Policies that directly address the need to improve transit access to institutional and community uses.** Berkeley's Land Use Element specifies that, "wherever possible, locate public and private institutional uses and community service centers...on transit corridors so that they are accessible to public transportation..."⁶
- C. **Policies related to specific, designated planning areas that include medical facilities or are in some way focused on planning to support existing or future medical facilities or complexes.** In these cases, transit access is not necessarily a well-defined objective but is considered important to area planning.

⁴ For example, Pleasanton's General Plan includes a policy specifying the need to advocate and support transportation improvements and new medical facilities for seniors. However, while both objectives appear as part of the same policy, they are not explicitly linked (Community Development Policy 15b). The Alameda County East County Area General Plan includes a policy to encourage transit providers to facilitate the mobility of school-aged children, in part by serving transit routes that link child care facilities with schools and other facilities.

⁵ Concord 2030 Urban Area General Plan. Housing Element Goals and Policies. Policy 3.6. Implementing Program 3.6b.

⁶ Policy LU-15: Service and Institutional Use Locations.

Antioch's Sand Creek Focus Area and Brentwood's Special Planning Area Q are two examples.

- D. **Policies to achieve growth management goals that support improving transit access to health and social services.** "Smart growth" policies play a clear role in encouraging the location of facilities and transit in proximity to one another in established areas of growth. These include policies related to urban growth limits and integration of land use and transportation (for example, encouraging transit-oriented development).⁷ Concentrating development in existing corridors and reducing fringe development will be helpful to transit access.
- E. **Policies to achieve growth management goals that may work against the goal of improving transit access to health and social services.** In Livermore and Walnut Creek, certain types of health and human services facilities are not subject to growth management policies. Such policy direction may provide for the development of facilities outside of growth management boundaries, where transit service is less frequent and reliable.⁸

Research findings suggest that raising awareness among local land use authorities about the importance of this issue and identifying opportunities to strengthen existing policies towards this goal will be central to improving transit access to health and social service facilities in Alameda and Contra Costa Counties.

4. Health Care and Social Service Organization Policies and Decisions

While the role of local planning authorities in applying specific criteria during review of development proposals is important, site selection criteria of health and social services organizations and agencies may be equally, if not more, critical. Existing facilities are often county- or privately-owned leased facilities. Health and social services agencies are not expanding their facilities, nor do they have the resources to do so at present. However, consolidations can also provide the opportunity to utilize more transit-accessible locations. One goal of the interviews and focus groups planned for this project will be to determine the extent to which health and social service groups in Alameda and Contra Costa Counties consider transit access when choosing to lease

⁷ The Cities of Danville and Pleasanton are just two examples of local jurisdictions whose General Plans specify the need to integrate land use and transportation planning.

⁸ In Livermore, health care facilities – including congregate care, assisted living, and skilled nursing facilities – are not subject to growth management policies (Livermore Land Use Element, Policy 14, p. 3-41). According to Walnut Creek's General Plan, community facilities are excluded from growth management limits. Community facilities applicable to this research effort include adult day care and child day care facilities, emergency medical care, hospitals, housing for the homeless, public transit terminals, residential care facilities and skilled nursing facilities (Chapter 4, Built Environment, Policy 9.2).

facilities. The case studies research task included in this project will provide the opportunity to explore these topics in greater depth.

Large organizations that operate facilities, such as hospitals and medical centers, may have longer-term planning horizons, and may choose to locate in areas of projected population growth that are not yet well-served by transit. In some communities, hospitals, medical centers and other large-scale public and institutional land uses are not subject to growth management policies or are located outside of urban centers to avoid land use conflicts. This suggests that coordinating with transit providers to ensure transit access to these facilities will continue to be an important strategy.